

FAX TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****MAR 24 2005***Legal Innovators*DATE: March 24, 2005CLIENT NO.: V9661.0019MESSAGE TO: Examiner K.R. Coulter (Group Art Unit: 2141)COMPANY: United States Patent and Trademark OfficeFAX NUMBER: (703) 872-9306

PHONE: _____

FROM: Ms. Hua GaoPHONE: (212) 835-1487PAGES (Including Cover Sheet): 12 HARD COPY TO FOLLOW: YES X NO

SENT BY: _____

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MESSAGE:

Re: U.S. Patent Application No.: 09/877,744
Filed: June 8, 2001
Inventors: On-Kwok Victor Li et al.
Title: SELF-ROUTING ADDRESS ASSIGNMENT
IN PACKET-SWITCHED NETWORKS

Dear Examiner Coulter:

Attached please find the following documents:

- Amendment Under 37 C.F.R. § 1.111;
- Transmittal Form;
- Fee Transmittal;
- Petition for Extension of Time Under 37 CFR 1.136(a); and
- Credit Card Payment Form.

Respectfully submitted,

Ms. Hua Gao



Enclosures

c: Charles E. Miller, Esq.

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By Fax: (703) 872-9306

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/877,744-Conf. #5203
	Filing Date	June 8, 2001
	First Named Inventor	On-Kwok V. Li
	Art Unit	2141
	Examiner Name	K.R. Coulter
Total Number of Pages in This Submission	Attorney Docket Number	V9661.0019

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Credit Card Payment Form <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP		
Signature	<i>Charles E. Miller</i> (Reg. No. 40,414)		
Printed name	Charles E. Miller		
Date	March 24, 2005	Reg. No.	24,576

Certificate of Facsimile Transmission	
I hereby certify that this correspondence is being faxed to the Commissioner for Patents of United States Patent and Trademark Office at the facsimile number (703) 872-9306 on the date shown below.	
Dated: <u>March 24, 2005</u>	Signature: <u><i>Charles E. Miller</i></u> Charles E. Miller

By Fax: (703) 872-9306

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known Application Number: 09/877,744-Conf.#5203 Patent Date: June 8, 2001 First Named Inventor: On-Kwok V. Li Examiner Name: K.R. Coulter Art Unit: 2141 Attorney Docket No.: V9661.0019	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 510.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>50-2215</u> Deposit Account Name: <u>Dickstein Shapiro Morin & Oshinsky LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 =		x	=		Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 =		x	=				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
0	- 100 =	/ 50		(round up to a whole number) x			
4. OTHER FEE(S)							
						Fees Paid (\$)	
Three Month Extension of Time						\$510.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	24,576
Name (Print/Type)	Charles E. Miller	Telephone	(212) 835-1430
		Date	March 24, 2005

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